PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

| | | | | | 571)-273-2885 | | | |
|---|--|------------------|---|---|---|----------------------------------|--|--|
| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifies | form should be used correspondence including defected of the delay or directed of the delay of t | or tran | nsmitting the ISSU Patent, advance on in Block 1, by (a | JE FEE and PUBLICA rders and notification of a) specifying a new cor | TION FEE (if requi maintenance fees w espondence address; | ired). Bl vill be m and/or | locks I through 5 sho nailed to the current or (b) indicating a separa | uld be completed where orrespondence address as ite "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 24325 | 7590 11/16 | /2007 | | | | | | |
| PATENT GRO JONES DAY NORTH POINT | , | | I Si ad tr | I hereby certify that this Feeds (Tansmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-285, on the date indicated below. | | | | |
| 901 LAKESIDE CLEVELAND. | | | ſċ | Debra Peieau | i | | (Depositor's name) | |
| CLEVELAND, | On 44114 | | Ē | X001146 | 1 0 | HRAU | (Signature) | |
| | | | | 1 | 2011 | | 1 200 | ? (Date) |
| APPLICATION NO. | FILING DATE | JATE | | FIRST NAMED INVENTO | OR (| ATTOR | NEY DOCKET NO. | CONFIRMATION NO. |
| 10/521,872 | 10/521,872 01/21/2005 | | | | Gerhard D. Klassen 555255012438 1246 | | | |
| | I: DATA STORE MANA | | | | | | , | , |
| APPLN, TYPE | SMALL ENTITY | IS | SUE FEE DUE | PUBLICATION FEE DU | F PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | | \$1440 | \$300 | - 02 | | \$1740 | 02/19/2008 |
| EXAMINER | | | ART UNIT | CLASS-SUBCLASS | is | | | |
| PATEL, HETUL B 2186 | | | | 455-432100 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the pages of up to 3 registered enter attempts and pages of up to 3 registered enter attempts and pages of up to 3 registered enter attempts and pages of up to 3 registered enter attempts. | | | | | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | or agents OR, alternatively, Krishna K. Pathiyal | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | (2) the name of a single firm (having as a member a registered attent atomey or agen) and the names of up to 2 registered patient atomeys or agents. If no name is listed, no name will be printed. | | | | |
| | ND RESIDENCE DATA | | | | | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Research In Motion Limited Waterloo, Canada | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government | | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | | |
| ☑ Issue Fee | | | | A check is enclosed. | | | | |
| Publication Fee (No small entity discount permitted) | | | | Payment by credit card. Form PTO-2038 is attached. | | | | |
| Advance Order - # of Copies | | | | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501432 (enclose an extra copy of this form). | | | | |
| | tus (from status indicate is SMALL ENTITY stat | | | ☐ b. Applicant is no l | onger claiming SMA | LL ENT | TTY status, See 37 CFI | R 1.27(g)(2). |
| NOTE: The Issue Fee as interest as shown by the | nd Publication Fee (if re- | uired) tes Pa | will not be accepte tent and Trademark | d from anyone other that Office. | n the applicant; a reg | istered a | ttorney or agent; or the | assignee or other party in |
| Authorized Signature | | $\overline{}$ | \ | | Date | | 2/18 | |
| Typed or printed nan | locoph M | auer | | Registration No. 47,919 | | | | |
| | | | | | | | | - L. Manmo |
| an application. Confider submitting the complete | nation is required by 37 of itiality is governed by 33 d application form to the | U.S.C USP | . 122 and 37 CFR TO. Time will vary | on is required to obtain of 1.14. This collection is depending upon the in | estimated to take 12 dividual case. Any co | me publi minutes omments | to complete, including on the amount of time | by the USPTO to process) gathering, preparing, and you require to complete |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trudemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.